

SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 8 – 9 YEARS

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____

Other _____

PRESENT HISTORY

Meds _____

Puberty Issues _____

Diet _____

Exercise _____

Sleep _____

Dental _____

Brushing/Flossing _____

Last Dental Visit _____

School _____ Grade _____

Performance _____

Extracurricular _____

SOCIAL

Friends _____

Behavior/Discipline _____

TV, computer games _____

FAMILY

Smoke Exposure Yes No _____

Other _____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ Weight _____ BMI _____ BMI% _____

BP _____ Temp _____ Pain _____

N AB

COMMENTS

- Gen. Appearance _____
- Skin _____
- Head _____
- Eyes/Strabismus _____
- Ears/Nose/Oropharynx _____
- Neck/Nodes _____
- Chest/Lungs _____
- Cardiovascular/Pulses _____
- Abdomen _____
- Spine (Scoliosis) _____
- Genitalia _____
- Musculoskeletal _____
- Neuro/Reflexes _____
- Hearing (formal) R _____ L _____
- Vision (formal) R _____ L _____

ANTICIPATORY GUIDANCE

Diet

- Family Meals
- Teach Healthy Choices

Development

- Family Time
- Family Rules/Responsibility
- Communication/Feelings
- Teach Conflict Resolution
- Praise/Affection
- Hobbies/Clubs/Activities
- TV Habits

Injury Prevention

- Seatbelts

- Sports/Bicycle Safety/Helmets
- Firearm Safety
- Water/Swimming Safety
- Fire Safety
- Personal Safety Training

Health Habits

- Exercise
- No Smoking
- Family Role Models

Medical Education

- Review Immunizations
- Telephone

ASSESSMENT/RECOMMENDATIONS:

- Healthy Child Dental Referral _____
- Review Immunizations

 Return for 10 - 11 year checkup

_____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling